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Bibliography #27

Mortality Among People Who Are Homeless

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Mortality Among People Who Are Homeless

Section: 2005

Order #: 14652

Authors: National Coalition for the Homeless.

Title: **Hate, Violence, and Death on Main Street USA: A Report on Hate Crimes and Violence Against People Experiencing Homelessness 2004.**

Source: Washington, DC: National Coalition for the Homeless, 2005. (Report: 57 Pages)

Abstract: This report's objective is to educate lawmakers, advocates, and the general public about the problem of hate crimes and violence against people who are homeless in order to instigate change and ensure protection of civil rights for everyone, regardless of their economic circumstances or housing status. Over the past six years (1999-2004), advocates and homeless shelter workers from around the country have seen an alarming increase in reports of homeless men, women and even children being killed, beaten, and harassed. This sixth annual report continues to maintain the same goals and objectives as the previous five reports: to compile incidents of hate crimes and violence in order to document this alarming trend against people who are homeless; to make lawmakers and the public aware of this serious issue; and to recommend proactive measures to be taken (authors).

Available From: National Coalition for the Homeless, 2201 P Street NW, Washington, DC 20037, (202) 462-4822, info@nationalhomeless.org, www.nationalhomeless.org/hatecrimes/index.html

Order #: 14902

Authors: O'Connell, J.J., Mattison, S., Judge, C.M., Allen, J.S., Koh., H.K.

Title: **A Public Health Approach to Reducing Morbidity and Mortality Among Homeless People in Boston.**

Source: Journal of Public Health Management Practice 11(4): 311-316, 2005. (Journal Article: 6 Pages)

Abstract: This case study exemplifies a public health practice response to the vexing health care challenges confronting homeless people who must struggle to survive on the streets and in shelters. Urban homeless populations suffer disproportionately high rates of premature death. In response to a wave of highly publicized deaths on the streets of Boston during the winter of 1998-1999, the Massachusetts Department of Public Health (MDPH) convened a task force to investigate these deaths and implement an integrated response to this public health crisis. Comprised of a broad coalition of public and private agencies as well as homeless persons and advocacy groups, the MDPH Task Force reviewed the circumstances surrounding the 13 deaths, monitored subsequent deaths among homeless persons in Boston, and implemented a comprehensive plan to address critical needs and prevent further deaths. Contrary to the task force's initial assumption, the 13 decedents had multiple contacts with the medical, psychiatric, and substance abuse systems. In response to this finding, the MDPH Task Force sought to improve continuity of care and prevent future deaths among Boston's street population. Coordination of needed services was achieved through the creation of new, and often unconventional, partnerships (authors).

Order #: 14520

Authors: Riley, E.D., Bangsberg, D.R., Guzman, D., Perry, S., Moss, A.R.

Title: **Antiretroviral Therapy, Hepatitis C Virus, and AIDS Mortality Among San Francisco's Homeless and Marginally Housed.**

Source: Journal of Acquired Immune Deficiency Syndromes 38(2): 191-195, 2005. (Journal Article: 5 Pages)

Abstract: This article discusses mortality remains high among those with barriers to accessing antiretroviral (ARV) therapy, despite having declined in most HIV-infected populations. The authors sought to determine predictors of death in a group of HIV-infected persons who are homeless in San Francisco. Between 1996 and 2002, quarterly interviews and blood draws were conducted. Hazards of death were compared by number of months of the prior 6 months that an individual took any ARV, drug use, hepatitis C virus (HCV) status, and housing status. Among 330 participants, 65% were HCV-seropositive at baseline, 85% received ARV during the study period, and there were 57 deaths. Compared with 0 of the prior 6 months on therapy, the risk of death was not significantly reduced for individuals on 1 to 5 months of therapy, but the risk of death was reduced 62% for those on ARV therapy for 6 months. Housing status and HCV status were not significant predictors of death. HIV is the major cause of death in this population, whereas the impact of HCV infection seems to be minimal. Sustained ARV treatment significantly reduces the risk of death among the homeless.

Mortality Among People Who Are Homeless

Section: 2005

Order #: 14889

Authors: Wright, N., Oldham, N., Jones, L.

Title: Exploring the Relationship Between Homelessness and Risk Factors for Heroin-Related Death- A Qualitative Study.

Source: Drug and Alcohol Review 24(3) :245-251, 2005. (Journal Article: 7 Pages)

Abstract: This study's objective was to explore the relationship between housing status, associated social networks and risk factors for heroin-related death. The authors used semi-structured face-to-face qualitative interviews, recorded, transcribed and analyzed thematically by framework techniques at three centers providing services to homeless people in a large cosmopolitan city. Different types of accommodation for homeless people have differing social cultures which have an impact upon the amount of heroin used, likelihood of injecting alone or likelihood of achieving abstinence. Hostel accommodation appeared to be linked with a culture of group injecting, which tends to increase the amount of heroin taken. Those with experience of rough sleeping described heroin use to ameliorate the uncomfortable realities of outdoor sleeping, although the overall amount used tended to be less due to having less money to spend on drugs. The prison setting was described as a setting where heroin use was reduced or stopped. Moving away from homelessness towards sustaining an independent tenancy appeared to be associated with a move towards solitary use. The authors postulate that a progression towards solitary use in a housed environment is one explanation for previous research findings showing the average age of heroin-related death to be increasing despite a decrease in the average age of initiation into heroin use. Hostel accommodation should form a priority setting for future health promotion interventions aimed to reduce heroin-related death. They appear to be linked with an increase in heroin use in the presence of a third party. Drug users sleeping rough in cold climates need to be made aware of the dangers of medicating with heroin to address problems of insomnia due to cold weather (authors).

Section: 2004

Order #: 13526

Authors: Cheung, A., Hwang, S.

Title: Risk of Death Among Homeless Women: A Cohort Study and Review of the Literature.

Source: Canadian Medical Association Journal 170(8): 1243-1252, 2004. (Journal Article: 10 pages)

Abstract: This report discusses mortality rates and causes of death in a cohort of women who used homeless shelters in Toronto. The authors compare results from their study with those of other published studies of homeless women and with data for women in the general population. The authors assert that the risk of death among homeless women was greater than that among women in the general population. The article also states that the mortality rates among younger homeless women and younger homeless men were not significantly different, however the mortality rates were significantly lower among older homeless women than among older homeless men. The authors conclude that excess mortality is far greater among homeless women under age 45 years than among older homeless women, and that mortality rates among younger homeless women often approach or equal those of younger homeless men. The article suggests that efforts to reduce deaths of homeless women should focus on those under age 45 (authors).

Mortality Among People Who Are Homeless

Section: 2004

Order #: 14066

Authors: Health Care for the Homeless Network.

Title: King County 2003: Homeless Death Review.

Source: Seattle, WA: Health Care for the Homeless Network, 2004. (Report: 27 Pages)

Abstract: This study identified 77 individuals who died in 2003 in King County while homeless. Major causes of death included acute intoxication, cardiovascular disease, and homicide. Just over half of the deaths occurred outdoors. One of the most notable findings of the report is that many of those studied experienced the burden of several illnesses prior to their death. On average, decedents had an average of three health conditions identified, with some having as many as eight different ones. In addition to the homeless deaths, the study also collected data on a sample group of people who died while living in permanent housing programs known to target formerly homeless people. Forty-three decedents were identified. This group shared many of the characteristics of the homeless deaths, although the leading cause of death was cardiovascular disease. Like the homeless decedents, the formerly homeless sample had many serious health conditions. The findings in this review are generally consistent with those of homeless mortality studies conducted in other cities. Nationally, several studies have shown that homeless individuals suffer disproportionately from high rates of premature death (authors).

Available From: Health Care for the Homeless Network, Public Health, Seattle & King County, 999 Third Avenue, Suite 1200, Seattle, WA 98104, (206) 296-4600, www.metrokc.gov/health/hchn

Order #: 13549

Authors: National Coalition for the Homeless.

Title: Hate, Violence and Death on Main Street USA: A Report on Hate Crimes and Violence Against People Experiencing Homelessness.

Source: Washington, DC: National Coalition for the Homeless, 2004. (Report: 77 pages)

Abstract: This report documents the violent attacks on people experiencing homelessness. The authors discuss examples of violence and abusive speech collected from news reports and homeless shelters over the past five years, with a specific focus on those that occurred during 2003. The report also includes recommendations to combat hate crimes and acts of violence against people experiencing homelessness (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: 14067

Authors: O'Connell, J.J.

Title: Dying in the Shadows: The Challenge of Providing Health Care for Homeless People.

Source: Canadian Medical Association Journal 170(8): 1251-1252, 2004. (Journal Article: 2 Pages)

Abstract: The medical care of homeless individuals and families poses a vexing challenge for traditional health care delivery models. The relentless immediacy of the daily struggle for safe shelter and a warm meal relegates health needs to a distant priority. Common illnesses progress and injuries fester, leading to increased numbers of emergency department visits and acute care hospital admissions. Impoverished women and men without homes bear an undue and unacceptable burden of illness and are dying prematurely in the streets, in the very shadows of towering health care institutions. The ultimate solution to homelessness will require change in many sectors. This public health crisis will not be ameliorated until housing and health care become a fundamental right for every human being (author).

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Section: 2003

Order #: 12071

Authors: Cohen, D.A., Mason, K., Bedimo, A., Scribner, R., Basolo, V., Farley, T.A.

Title: Neighborhood Physical Conditions and Health.

Source: American Journal of Public Health 93(3): 467-471, 2003. (Journal Article: 5 pages)

Abstract: This article explores the relationship between boarded-up housing and rates of gonorrhea and premature mortality, and is based on an ecological study done of 107 US cities. Controlling race, poverty, education, population change, and health insurance coverage, the authors developed several models predicting rates of gonorrhea and premature death before age 65 from all causes and from specific causes. The article states that boarded up housing remained a predictor of gonorrhea rates, all causes premature mortality and premature mortality due to the malignant neoplasms, diabetes, homicide and suicide after control for socioeconomic factors. The authors assert that boarded-up housing may be related to mortality risk because of its potential adverse impact on social relationships and opportunities to engage in healthful behaviors. Neighborhood physical conditions deserve further consideration as a potential global factor influencing health and well-being (authors).

Section: 2002

Order #: 12454

Authors: Lieb, S., Brooks, R., Hopkins, R., Thompson, D., Crockett, L., Liberti, T., Jani, A., Nader, J., Virkud, V., West, K., McLaughlin, G.

Title: Predicting Death from HIV/AIDS: A Case-Control Study from Florida Public HIV/AIDS Clinics.

Source: Journal of Acquired Immune Deficiency Syndrome 30(3): 351-358, 2002. (Journal Article: 8 pages)

Abstract: In this article, the authors discuss a case-control study they conducted in four Florida urban public health HIV clinics to evaluate modifiable factors associated with HIV/AIDS mortality in a non-research setting. According to the authors, in addition to medical and clinical indicators, several sociobehavioral demographic factors remained important throughout the multivariate analysis. The authors suggest that an improvement in care should include a focus on social circumstances of infected people. Special attention to people who are homeless, those with adherence problems, and those with liver disease is clearly indicated (authors).

Order #: 10671

Authors: McLaughlin, D.K., Stokes, C.S.

Title: Income Inequality and Mortality in U.S. Counties: Does Minority Racial Concentration Matter?

Source: American Journal of Public Health 92(1): 99-104, 2002. (Journal Article: 6 pages)

Abstract: This study examined the relationship between income inequality and mortality among all counties in the contiguous United States to ascertain whether the relationships found for states and metropolitan areas extend to smaller geographic units and the influence of minority racial concentration on the inequality-mortality linkage. This county-level ecologic analysis used data from the Compressed Mortality Files and the US Census. Weighted least squares regression models of age-, sex-, and race-adjusted county mortality rates were estimated to examine the additive and interactive effects of income inequality and minority racial concentration. Higher income inequality at the county level was significantly associated with higher total mortality. Higher minority racial concentration also was significantly related to higher mortality and interacted with income inequality. The relationship between income inequality and mortality is robust for counties in the United States. Minority concentration interacts with income inequality, resulting in higher mortality in counties with low inequality and a high percentage of Blacks than in counties with high inequality and a high percentage of Blacks (authors).

Mortality Among People Who Are Homeless

Section: 2002

Order #: 12119

Authors: Thompson, R., Katz, I.R., Kane, V.R., Sayers, S.L.

Title: Cause of Death in Veterans Receiving General Medical and Mental Health Care.

Source: Journal of Nervous and Mental Disease 190(11): 789-792, 2002. (Journal Article: 4 pages)

Abstract: This article examines the rates of causes of death among veterans served by Pennsylvania Veterans Affairs Medical Centers (VAMCs) and the relations between recent mental health treatment, age at death, and cause of death. The authors also examine site differences in VAMCs across Pennsylvania in rates of unnatural deaths in general and suicide in particular (authors).

Section: 2001

Order #: 8842

Authors: Hwang, S.W., O'Connell, J.J., Lebow, J.M., Bierer, M.F., Orav, E.J., Brennan, T.A.

Title: Health Care Utilization Among Homeless Adults Prior to Death.

Source: Journal of Health Care for the Poor and Underserved 21(1): 50-58, 2001. (Journal Article: 9 pages)

Abstract: This article characterizes health care utilization prior to death in a group of 558 homeless adults in Boston. In the year before death, 27% of decedents had no outpatient visits, emergency department visits, or hospitalizations except those during which death occurred. However, 21% had a health care contact within one month of death, and 21% had six or more outpatient visits in the year before death. Injection drug users and persons with HIV infection were more likely to have had contact with the health care system. The authors conclude that people who are homeless may be underusing health care services even when they are at high risk of death (authors).

Section: 2000

Order #: 8496

Authors: Hwang, S.W.

Title: Mortality Among Men Using Homeless Shelters in Toronto, Ontario.

Source: Journal of the American Medical Association 283(16): 2152-2157, 2000. (Journal Article: 6 pages)

Abstract: This article compares mortality rates among men using homeless shelters and the general population in Toronto and determines whether mortality rates differ significantly among men using homeless shelters in Canadian and U.S. cities. A cohort study was conducted among men aged 18 years or older who used homeless shelters in Toronto from 1995 through 1997, with a mean follow-up of 2.6 years. Results indicated that men using homeless shelters in Toronto were more likely to die than men in the city's general population. In most cases, however, the risk of death was significantly lower for men using homeless shelters in Toronto than for those in the U.S. cities of New York City, Boston, and Philadelphia. The authors state that further study is needed to identify the reasons for this disparity (author).

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Section: 2000

Order #: 8503

Authors: Kaspro, W.J., Rosenheck, R.

Title: Mortality Among Homeless and Nonhomeless Mentally Ill Veterans.

Source: Journal of Nervous and Mental Disease 188(3): 141-147, 2000. (Journal Article: 7 pages)

Abstract: This article compares mortality risk in homeless and nonhomeless mentally ill veterans and compares mortality rates in these groups with the general U.S. population. The study assessed mortality over a nine-year period in homeless and nonhomeless male veterans who were treated by Department of Veterans Affairs (VA) specialized mental health programs. The study showed that mortality rates in all homeless veterans were significantly higher than the general population. Relative to the nonhomeless, significant increases in mortality risk were observed in those who at baseline were age 45 to 54 and had been homeless one year or less and those age 55 and older who had been homeless one year or less. Medical problems at baseline and history of prior hospitalization for alcohol problems elevated mortality risk. Employment at baseline and minority group membership reduced mortality risk. The study suggests that mentally ill veterans served by specialized VA mental health programs are at elevated risk of mortality when compared to the general population (authors).

Order #: 10098

Authors: San Francisco Department of Public Health.

Title: Annual Death Review Study of San Francisco HCH.

Source: San Francisco, CA: San Francisco Department of Public Health, 2000. (Unpublished Paper: 20 pages)

Abstract: This is an annual review by the SF Dept. of Public Health that counts the number of homeless deaths and identifies gaps that exist in the system. Using data provided by the Medical Examiner, the number of homeless individuals who die each year are identified for the review. This study acknowledges that the numbers it gathers is an undercount since not all deaths are reported to the Medical Examiner. Results of the review indicated that the number of homeless deaths increased over the last year and that the vast majority of these deaths were preventable. Drug poisoning remained the leading cause of death among homeless people, followed by liver and pancreatic disease and heart disease. Two-fifths of the deaths occurred outdoors; the average age of persons who died homeless in San Francisco was 44 years. Many of the deaths occurred among persons with recent contact with the health and social services system. This indicates both the limitations of existing services as well as the potential for using our contact with homeless individuals to improve the circumstances of their daily lives.

Available From: Marian Pena, Project Director, San Francisco Department of Public Health, 101 Grove Street, #323, San Francisco, CA 94102, (415) 554-2670.

Section: 1999

Order #: 8042

Authors: Barrow, S.M., Herman, D.B., Cordova, P., Struening, E.L.

Title: Mortality Among Homeless Shelter Residents in New York City.

Source: American Journal of Public Health 89(4): 529-534, 1999. (Journal Article: 6 pages)

Abstract: This article examines the rates and predictors of mortality among sheltered homeless men and women in New York City. Identifying data on a representative sample of shelter residents surveyed in 1987 were matched against national mortality records for 1987 through 1994. Standardized mortality ratios were computed to compare death rates among homeless people with those of the general United States and New York City populations. Age-adjusted death rates of homeless men and women were four times those of the general U.S. population and two to three times those of the general population of New York City. Among homeless men, prior use of injectable drugs, incarceration, and chronic homelessness increased the likelihood of death (authors).

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Section: 1999

Order #: 8459

Authors: Shaw, M., Dorling, D., Brimblecombe, N.

Title: Life Chances in Britain by Housing Wealth and for the Homeless and Vulnerably Housed.

Source: Environment and Planning A 31(12): 2239-2248, 1999. (Journal Article: 10 pages)

Abstract: In this article, new findings on the average life expectancy of the population of Britain are reported according to housing wealth. In addition, estimates of mortality rates for rough sleepers, hostel residents, and bed and breakfast residents are presented. The results indicates that the death rates of bed and breakfast residents are four to five times those of the housed population, death rates for hostel residents are seven times greater, and death rates for rough sleepers are 25 times greater than those of the housed population. At the extremes, people living in the best housing in Britain can expect to live, on average, more than twice as long as those sleeping on the streets (authors).

Section: 1998

Order #: 7930

Authors: New York Times.

Title: Homeless Deaths Are Rising in San Francisco.

Source: New York Times: December 21, 1998. (Newspaper: 1 page)

Abstract: This article discusses the findings of the Homeless Death Review report issued by the San Francisco Department of Public Health. This report recorded 157 deaths among homeless individuals between December 1997 and November 1998. This was the highest number since records began to be kept in 1985. The leading cause of death was substance abuse, and the average age at death was 42. Comments on the increase in the number of death from the health department's homeless program director, the press secretary for the mayor, and a local homeless advocate are included.

Order #: 7459

Authors: Waitzman, N.J., Smith, K.R.

Title: Phantom of the Area: Poverty-Area Residence and Mortality in the United States.

Source: American Journal of Public Health 88(6): 973-976, 1998. (Journal Article: 4 pages)

Abstract: The purpose of the study was to conduct a national multivariate analysis on poverty-area residence and mortality in the United States. Proportional hazards analyses were performed of the effect of poverty-area residence on the risk of mortality among adult examinees in the 1971-1974 National Health and Nutrition Examination Survey who were followed through 1987. Poverty-area residence was associated with significantly elevated risk of all-cause mortality and some cause-specific mortality among those aged 25 through 54 years, but not among those aged 55 through 74 years, at baseline after adjustment for several individual and household characteristics. Residence in poverty areas contributes to socioeconomic gradients in mortality among nonelderly adults in the United States (authors).

Section: 1997

Order #: 7140

Authors: Barnett, E., Armstrong, D.L., Casper, M.L.

Title: Social Class and Premature Mortality Among Men: A Method for State-Based Surveillance.

Source: American Journal of Public Health 87(9): 1521-1525, 1997. (Journal Article: 5 pages)

Abstract: This study examined trends in mortality by social class for Black and White men aged 35 through 1993, using inexpensive, newly developed state-based surveillance methods. Data from death certificates and census files permitted examination of four social classes, defined on the basis of occupation. Premature mortality was inversely associated with social class for both Blacks and Whites. Blacks were at least twice as likely to die as Whites within each social class. The study concluded that adoption of state-specific surveillance of social class and premature mortality would provide data crucial for developing and evaluating public health programs to reduce social inequalities in health.

Mortality Among People Who Are Homeless
Section: 1997

Order #: 6531

Authors: Hwang, S., Orav, J., O'Connell, J., Lebow, J., Brennan, T.

Title: Causes of Death in Homeless Adults in Boston

Source: Annals of Internal Medicine 126(8): 625-628, 1997. (Journal Article: 4 pages)

Abstract: This article describes a study of 17,292 adults seen by the Boston Health Care for the Homeless Program from 1988 to 1993. Its objective was to ascertain causes of death in a group of homeless persons. The results showed that the leading causes of death varied by age group: homicide - men 18-24; HIV/AIDS - persons 25-44; and heart disease and cancer - persons 45-64. The authors conclude the most common causes of death among homeless adults who have contact with clinicians vary by age group and efforts to reduce the rate of death among homeless persons should focus on these causes (authors).

Order #: 6626

Authors: O'Connell, J.

Title: Death on the Streets.

Source: Harvard Medical Alumni Bulletin, Winter 1997. (Journal Article: 4 pages)

Abstract: The author chronicles some of his experiences inside the clinics and shelters that are part of Boston's Health Care for the Homeless program. The prevalence rate of death among people who have been patients in the Boston Health Care for the Homeless Program is examined and discussed. The author explains that the causes are complex: exposure to extremes of weather and temperature; the spread of communicable diseases, such as tuberculosis and pneumonia, in crowded shelters with inadequate ventilation; neglected chronic illnesses; horrifying violence; the high frequency of co-morbid medical and psychiatric illnesses; substance abuse; and inadequate nutrition. Several stories of patients who display these complexities are described.

Section: 1996

Order #: 5578

Authors: Curtis, J.L., Millman, E.J., D'Ercole, A.

Title: Deaths Among Former Psychiatric Inpatients in an Outreach Case Management Program.

Source: Psychiatric Services 47(4): 398-402, 1996. (Journal Article: 5 pages)

Abstract: This article describes a study that assessed the effectiveness of outreach case management in reducing the mortality rate of recently discharged psychiatric inpatients in New York City. Results show that the overall mortality rate for these patients was 7.2 percent, 2.25 times higher than among persons in the general population matched for age, sex, and race. The authors conclude that discharged psychiatric inpatients who received outreach case management did not have a lower mortality rate than similar patients who did not receive this intervention (authors).

Order #: 6152

Authors: Felker, B., Yazel, J.J., Short, D.

Title: Mortality and Medical Comorbidity Among Psychiatric Patients: A Review.

Source: Psychiatric Services, 47(12):1356-1363, 1996. (Journal Article: 8 pages)

Abstract: To fuel advocacy for improved health care for persons who have mental illness, the authors reviewed the literature that describes excess mortality and underrecognition and undertreatment of comorbid medical conditions in this population. Barriers to optimal primary medical care for psychiatric patients are discussed. Results show that standardized mortality ratios for psychiatric patients have repeatedly demonstrated excess mortality from both natural and unnatural causes. Although no single diagnostic group emerges as being at particular high risk, substance abuse alone or in combination with other psychiatric disorders have been repeatedly found to lead to increased mortality rates. The authors contend that parity in the medical and mental health treatment of psychiatric patients requires both political advocacy and development of primary care programs capable of efficiently meeting their needs (authors).

Mortality Among People Who Are Homeless

Section: 1996

Order #: 9150

Authors: Pablos-Mendez, A., Sterling, T.R., Frieden, T.R.

Title: **The Relationship Between Delayed or Incomplete Treatment and All-cause Mortality in Patients with Tuberculosis.**

Source: Journal of American Medical Association 276(15): 1223-1228, 1996. (Journal Article: 6 pages)

Abstract: This study's objective was to analyze the factors associated with survival in patients with pulmonary and extrapulmonary TB in New York City. All 229 newly diagnosed cases of TB documented by culture in April 1991 were examined. Most patients were male, and the median age was 37 years; 89% belonged to minority groups. HIV infection was present in 50% and multidrug resistance in 7%. Twenty-one patients were not treated. Follow-up information was collected through the New York City TB registry; death from any cause was verified through the National Death Index. Cumulative all-cause mortality by October 1994 was 44%; the median survival for those who died was 6.3 months. The most important baseline predictors of mortality were AIDS, multidrug resistance, and lack of treatment. Also, 11 of 13 HIV-infected patients who started treatment after a 1-month delay died. Among 173 patients surviving the recommended treatment period, those who completed therapy had a lower subsequent mortality. Mortality from TB was high, even among patients without multidrug resistance who were not known to be infected with HIV. Most HIV-seropositive patients with delayed therapy died. Multidrug resistance predicted higher mortality, and treatment completion was associated with improved subsequent patient survival (authors).

Order #: 6458

Authors: Rogers, R.

Title: **The Effects of Family Composition, Health, and Social Support Linkages on Mortality.**

Source: Journal of Health and Social Behavior, 37: 326-338, 1996. (Journal Article: 12 pages)

Abstract: This study reveals how family living arrangements influence mortality. The author used the National Health Interview Survey, Supplement on Aging, and discrete-time hazard rate models to show that some family arrangements result from strong social bonds, but others are a result of financial needs or health problems. In some instances, it is not family living arrangements that influence the risk of mortality but vice-versa: The family rearranges itself to deal with ill health and disability among its members. The family strives to promote health, prevent disease, and encourage economic security. However, family members who endure economic or health hardships face increased risk of death (author).

Section: 1995

Order #: 9396

Authors: Terry Beirn Community Programs for Clinical Research on AIDS.

Title: **Women and AIDS- Unexplained Higher Risk of Death.**

Source: AIDS Treatment News 2-3, January, 1995. (Journal Article: 2 pages)

Abstract: After statistical adjustment for stage of illness, a study of 768 women and 3779 men with HIV found that the women had a one-third higher risk of death than the men, yet no higher risk of progressing to AIDS. There were also gender differences in opportunistic infections and conditions. Death was the first AIDS defining event for 27.5% of the women and 12.2% of the men. The researchers suggested looking at differences in access to health care, socioeconomic status, homelessness, domestic violence, substance abuse and kinds of social support as possible factors to explain the study findings. Another mystery unanswered in the study was that women had a considerably higher T-helper count at entry than men (authors).